1206276

FORM D



02065029

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1		,				
	OMB APP	ROVAL				
	OMB Number:	3235-0076				
	Expires:	May 31, 2005				
	Estimated average burden					

SEC USE ONLY						
Prefix	Serial					
DATE RECEI	VED					

hours per response. . . . . 16.00

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Mound City Capital Trust I Offering of Adjusted Rate Cap	ital Securities
Filing Under (Check box(es) that apply): Rule 504 Rule 505 XX Rule 506 Section 4(6)	<del></del>
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Wax 2 / 2002
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	y o y
Mound City Capital Trust I (Wilmington Trust Company !	Trustee)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1100 North Market Street, Wilmington, Delaware 19890	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  n/a	Telephone Number (Including Area Code)
Brief Description of Business	
Delaware business trust to issue trust preferred securit	ies and purchase debentures.
Type of Business Organization	11001001
☐ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	NOV 2 0 2002
Month Year  Actual or Estimated Date of Incorporation or Organization: O O O O O O O O O O O O O O O O O O O	THOMSON FINANCIAL
CENEDAY INSTRUCTIONS	

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter XX Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Mound City Financial Services, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 53818-3233 25 East Pine Street, Platteville, Wisconsin ☐ Beneficial Owner ☒ Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Just, Jr., Robert J. Business or Residence Address (Number and Street, City, State, Zip Code) 25 East Pine Street, Platteville, Wisconsin 53818-3233 Beneficial Owner | Executive Officer | Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Hoppenjan, Donna J. Business or Residence Address (Number and Street, City, State, Zip Code) 25 East Pine Street, Platteville, Wisconsin 53818-3233 Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McWilliams, Richard L. Business or Residence Address (Number and Street, City, State, Zip Code) 25 East Pine Street, Platteville, Wisconsin 53818-3233 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	Artin State				B. IN	FORMATIO	ON ABOUT	OFFERIN	[G ]				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠x				
••	Answer also in Appendix, Column 2, if filing under ULOE.									K.X			
2.								\$ <u>100,000</u> .00					
												Yes	No
3.			ermit joint									⊠x	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							e offering. with a state					
	•		irst, if indi	vidual)									
		s' Bank	Address (N	umbar and	Street Cit	v State 7	n Coda)		-			·	
			Point R			-	-	53717	7				
			oker or Dea	<del></del>	1015011 <b>,</b>	11300	112111	33717					
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)	••••••				••••••			States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	XX	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC		NH	NJ TX	NM	NY	NC VA	ND WA	OH	OK.	OR	PA
	RI	SCI	SD	TN		UT	VT	VA	WA	WV	XXXX	WY	PR
Fu	ll Name (	Last name	first, if indi	ividual)	-								
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Bu	siness or	Residence	Address (1	vumber and	1 Street, C	ity, State, 2	cip Code)						
Na	me of As	sociated Br	oker or De	aler			<u></u>						
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Sta			Listed Hass or check									A1	Ctatas
	(Cneck	"All States	or check	maividuai	States)			••••••	••••••	***************************************	•••••	∐ AI	States
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	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
				-					<u>(477)</u>				III
Fu	II Name (	Last name	first, if ind	ividual)									
Bu	isiness o	Residence	Address (	Number an	d Street, C	ity, State,	Zip Code)		-,				
Na	ame of As	sociated B	roker or De	aler									
St	ates in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>	·		<del></del>	
			s" or check									. 🗀 Al	1 States
	[ĀĪ]	AV	AZ	AD	CA	CO	CT	DE	הכו	चि	[GA]		LIV.
	AL IL	AK IN	[AZ]	AR KS	KY	LA	ME	MD	DC MA	FL MI	GA MN	MS MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	VA	WA	$\overline{WV}$	WI	WY	PR

# C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

	already exchanged.  Type of Security	Aggregate Offering Price	Am	ount Already Sold
	Debt\$	0	\$	0
	Equity\$		\$4.	000.000
	Common X Preferred		·	<u> </u>
	Convertible Securities (including warrants)\$	0	\$	0
	Partnership Interests\$	0	\$	0
	Other (Specify)\$	0	\$	0
	Total\$		\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		ollar Amount of Purchases
	Accredited Investors	12	\$4	,000,000
	Non-accredited Investors		_	0
	Total (for filings under Rule 504 only)		s -	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.				
	Type of Offering	Type of Security	D	Oollar Amount Sold
	Rule 505	0	\$_	0
	Regulation A	0	\$_	0
	Rule 504	0	\$_	0
	Total	0	\$_	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$_	7,000.0
	Printing and Engraving Costs		\$_	324.4
	Legal Fees		\$_	27,500.0
	Accounting Fees		\$_	0
	Engineering Fees		\$_	0
	Sales Commissions (specify finders' fees separately)		\$_	0
	Other Expenses (identify)		\$_	40,000.0

	c. OFFERING PRICE, NUMB	er of investors, expenses and use of	PROC	EEDS		
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	SS		<u>\$</u> 3,	925,175.60
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate ar the payments listed must equal the adjusted gro	d			
			) Di	yments to Officers, rectors, & ffiliates	P	ayments to Others
	Salaries and fees		🔲 \$_	0	_ 🗆 \$_	0
•	Purchase of real estate		🔲 \$_	0	_ 🗆 \$_	0
	Purchase, rental or leasing and installation of macl		🔲 \$	0	_ 🗆 \$_	0
	Construction or leasing of plant buildings and faci	lities	🔲 \$_	0	_ 🗆 \$_	0
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	🔲 \$_	0	_ 🗆 \$_	0
	Repayment of indebtedness		🗌 💲	0	_	0
	Working capital		🔲 💲_	0	_ 🗆 \$_	3,925,175.60
	Other (specify):		_ 🗆 \$_	_0	_ 🗆 \$_	0
			- 🔲 \$_	0	_ 🗆 \$_	0
	Column Totals		🗆 \$_	0	_ 🗆 \$_	3,925,175.60
	Total Payments Listed (column totals added)			<u></u> \$ <u>3</u>	,925,	<u>.17</u> 5.60
<b>.</b>		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this not nish to the U.S. Securities and Exchange Comm	ice is fi nission,	led under R , upon writt	ule 505,	
Iss	uer (Print or Type)	Signature /	Date			· · · · · · · · · · · · · · · · · · ·
	Mound City Capital Trust I	West of	N	ovember	13,	2002
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
	Kirsten E. Spira	Counsel to Issuer				

- Attention -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)